

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
---------------------------	-----------------------------	----------------------

Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: Aimee Edwards
Date: 12/12/2007
Time: 10:30 – 11:30 AM
Location: Wycliff Room 429

IPRS Core Team Attendees:

Gary Imes	Others:
x Thelma Hayter	x Cathy Bennett
x Eric Johnson	x Sandy Flores
x Travis Nobles	x Paul Carr
x Cheryl McQueen	x Aimee Edwards
Joyce Sims	x Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	Deborah LeBlanc
x Myran Harris	Tim Sullivan

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Sandhills
x Durham	x SE Center
x Eastpointe	x SE Regional
ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands

Deleted: 12/17/07

Deleted: IPRS Core Team Mtg Minutes
12-13-07 Final.doc

Attendees:

Item No.	Topics
1.	Roll call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Check-writes (cut-off dates) – Dec. 13, Jan. 3, 10, 17
4.	Agenda items <ul style="list-style-type: none"> • IPRS Staff Availability • Divested LME's send email to Marjorie.M.Morris@ncmail.net • Checkwrite Schedule for 2008-Posted to www.iprs.ncxix.com • Crisis Fund Denials • Single Stream Denials • Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> ▪ 100 records/LME/submission; Format test; full cycle run, 835 ▪ Update schedule termination: TBD • IPRS Questions or Concerns • MMIS Updates-Chris Ferrell
5.	DMH and/or EDS concluding remarks <ul style="list-style-type: none"> a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator. <ul style="list-style-type: none"> i. Physician phone analyst (i.e. Independent Mental Health Providers)-1 ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
6.	Roll Call Updates

Next Meeting: December 19, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

Deleted: 12/17/07

Deleted: IPRS Core Team Mtg Minutes
12-13-07 Final.doc

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites (cut-off dates) Dec. 13, Jan. 3, 10, 17
4.	<p>Agenda items</p> <ul style="list-style-type: none"> IPRS Staff Availability -No core team call for December 26, 2007 or January 2, 2008 <u>Divested LMEs send email to Marjorie.M.Morris@ncmail.net</u> The Checkwrite Schedule for the first half of 2008-Posted to www.iprs.ncxix.com <u>Crisis Fund Denials and Single Stream Denials</u> Just a reminder that these 8508s will be re-processed by IPRS. <p>We want to emphasize again the sooner you can beta test for NPI, the better.</p> <ul style="list-style-type: none"> <u>IPRS Questions or Concerns</u> (Catawba) I have a consumer that is in a inpatient setting and Medicaid is not supposed to pay for a lot of their services. Can that claim go directly to the IPRS mailbox and not route directly to Medicaid? (Cheryl) As long as their Medicaid eligibility is still active, it will still route to Medicaid and not get paid. There is not a way to route it to IPRS. (Eastpointe) H2020 service code - is that an endorsed service and is it still a valid service? (Cheryl) It is still valid. It is not considered an endorsed service or CISA provider, the provider number will start with a 6. (Cheryl) Any claim with a date of service prior to May 1, 2007, it should have been 34049xx number because we have not implemented our solution yet, you can still submit with your 34049xx as the billing and the attending provider can be either an IPRS provider or it can be a Medicaid direct enrolled number. Once we implement our solution, and we will let you know when we do, the billing provider will have to be a core number the 83* core number without the alpha suffix on the end. The attending provider has to be a direct enrolled number with a type/specialty being 107/096. They would be considered a direct enrolled provider. (Travis) Can you send this question to the Q&A. (Catawba) Thelma, does this not fall under the email that we exchanged about the residential services, we still sent our local IPRS number because IPRS was not set up to handle the direct enrolled residential numbers? (Thelma) Yes, that was in the works but is not complete. We are getting ready to do the UAT on this so we want to further research this. <u>Medicaid Questions or Concerns</u> (Thelma)- We have an update. The rate for Q3014 is out, which is 22.94. You can go ahead if you have Telemedicine claims and submit them with the HUB. (LME) Is that an event charge? (Thelma) Yes, 1 per client per day is the limitation.

Deleted: 12/17/07

Deleted: IPRS Core Team Mtg Minutes
12-13-07 Final.doc

(Onslow) What is kicking off at the first of the year? Are we going to be using a new translator? (Cheryl) With the first Checkwrite in January we will be accepting claims with only NPI numbers on the claim. This applies only for anything that goes through an IPRS mailbox. We will also accept claims with NPI and legacy or with just and legacy number.

(Cumberland) Is that for Medicaid also? (Cheryl) No, this is only for claims that go through the IPRS mailbox. (Cumberland) Okay, but we can send our Medicaid 837? (Cheryl) Yes, that is fine. If you send your Medicaid 837 through the IPRS mailbox we will map using the IPRS solution. (Cumberland) So we can submit the Medicaid claims through an IPRS mailbox with NPI only also? (Cheryl) Yes but it is not necessary.

(Cumberland) I have another question, it is involving the taxonomy. Are we supposed to be using the attending provider taxonomy code? (Cheryl) Yes. (Cumberland) We are allowing our providers who are billing Level 1 and 2 Therapeutic and targeted case management to bill using our base number and we can no longer use our billing taxonomy, correct? (Cheryl) Correct. (Cumberland) Okay, so if they never received an NPI number do they have a taxonomy? (Cheryl) Yes, everybody should have a taxonomy. Taxonomy are not provider specific. (Cumberland) Where can we find their taxonomy? (LME) On the DMA website there is a link under the NPI link that will take you out to the link that has all of that in there.

(Thelma) I want to stress to communicate to your providers that if they are sending claims directly to Medicaid starting in January, they must submit with both their NPI and legacy number. We at IPRS are making an exception for you all, if you submit a Medicaid claim and it comes to the IPRS mailbox, you don't have to submit both a legacy and an NPI on the claim, but your providers will have to because they are submitting directly to Medicaid.

(Durham). If we told DMA that we are atypical then the providers can bill those services directly to Medicaid using just the Medicaid number. (Thelma) Yes.

(LME) Are atypical providers supposed to have taxonomy? (Cheryl), No, but it is required on the 837. It must be submitted at the attending level when the billing provider is a group.

(Onslow) Is there going to be any checking on the taxonomy between what service is provided? Will the claim be rejected if the wrong taxonomy is given for a particular service? (Cheryl) We do no editing between taxonomy and service. The only thing that we use taxonomy for is when we are having trouble resolving an NPI. We may use taxonomy to see what type of provider it would be to help us pick the proper number. (Thelma) This is only for IPRS, we don't know what DMA is doing.

(Catawba) Even if I send you and IPRS CT number because it is an atypical provider, do I still need a taxonomy at the attending level? (Cheryl) Yes.

(Albemarle) Do we know when the new rates will be published? (Chris-Medicaid) We will try to have them out by January, but when I get an exact date I will send it out to Q&A.

(Unidentified LME) Are any of the CPT rates going to be dropped? (Cheryl) I do not know, probably will. We will send the answer to Q&A.

Deleted: 12/17/07

Deleted: IPRS Core Team Mtg Minutes
12-13-07 Final.doc

DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- Physician phone analyst (i.e. Independent Mental Health Providers)-4706
- Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707

Roll Call Updates

Deleted: 12/17/07

Deleted: IPRS Core Team Mtg Minutes
12-13-07 Final.doc